## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N00000006830

FILED Apr 17, 2009 Secretary of State

Entity Name: MOUNT OLIVE AFRICAN METHODIST EPISCOPAL CHURCH OF CENTRAL FLORIDA, INC.

Current Principal Place of Business: New Principal Place of Business:

2525 WEST CHURCH STREET ORLANDO, FL 32805

Current Mailing Address: New Mailing Address:

2525 WEST CHURCH STREET ORLANDO, FL 32805

FEI Number: 58-2167762 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GREEN, DAVID W
2525 WEST CHURCH STREET
ORLANDO, FL 32805 US

CRUTCHER, MARK E PASTOR
2525 WEST CHURCH STREET
ORLANDO, FL 32805 US

CRUTCHER, MARK E PASTOR
2525 WEST CHURCH STREET
ORLANDO, FL 32805 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MARK E. CRUTCHER 04/17/2009

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 DP () Delete
 Title:
 DP (X) Change () Addition

 Name:
 GREEN, DAVID W
 Name:
 CRUTCHER, MARK E PASTOR

 Address:
 2525 WEST CHURCH STREET
 Address:
 2525 WEST CHURCH STREET

 City-St-Zip:
 ORLANDO, FL 32805
 City-St-Zip:
 ORLANDO, FL 32805

Title: DS ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 GRIMMAGE, WILLIE
 Name:

 Address:
 2525 WEST CHURCH STREET
 Address:

 City-St-Zip:
 ORLANDO, FL 32805
 City-St-Zip:

Title: DT ( ) Delete Title: ( ) Change ( ) Addition Name: FULLER, VERNON Name:

 Name:
 FULLER, VERNON
 Name:

 Address:
 2525 WEST CHURCH STREET
 Address:

 City-St-Zip:
 ORLANDO, FL 32805
 City-St-Zip:

Title: ( ) Delete Title: D ( ) Change (X) Addition

Name: Name: ANDREWS, DENISE

Address: 2525 WEST CHURCH STREET

City-St-Zip: City-St-Zip: ORLANDO, FL 32805

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK E. CRUTCHER DP 04/17/2009